MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-014753

VS 30.9 ROY. 4/50 RO	OEF A	rt 1 M C		U F F	.0 61	Registration District NoPrimary Registration District NoPrimary Registration District NoPrimary Registration District No	STATE FILE NUMBER
As COUNTY As A COU	DO NOT WRITE ON THIS STUB		MEN	DED		FILED MAY 2 1983	isitor s inu.
Part	1	1 [1 1	7		
Comparison of the control of the c		잂			1.	Adair	
Comparison of the control of the c	Rev. 4/59	물		11		b. CITY (If outside corporate limits, give TOWNSHIP only) CR Length of stay in 1b C. CIT OR	Y Inside Limits
Comparison of the control of the c	,	3			1		wn Green City Yes A No.□
3 3 4 0 5 5 C 5 C 6 S C 7 C D S S S S S S S S S S S S S S S S S S	10017			1 1		c. FULL NAME OF (If NOT in hospital, give location) Inside Limits d, STR HOSPITAL OR.	DRESS
A O O O O O O O O O O O O O O O O O O O	21050	<u> </u>		11	ı,	INSTITUTION KITESVILLE USteopathic Hospie B. No [No street address Yes: Nox
Second S	- ·	1	7	+-	1		4. DATE Month Day Year
Male White State of the country of t		·			ı	(Type or print) Edward Ballard	d OF April 16 1963
TO SUBJAL OCCUPATION Give kind of work done 100. KIND OF BUSINESS OR INDUSTRY 11. BIRRIPLACE (kity and state or country) 11. 13. FATHER'S NAME 13. MOTHER'S MAIGEN NAME 13. MOTHER'S MAIGEN NAME 14. NAME OF HUSSAND OR WIFE 15. WAS DECEASED EVER IN U.S. ARABED FORCES? (Vers. no. or unknown) (if yes, yein were offered of 18. CALE OF PEATH (Entry only one cause per line for (n), (b), and (c). 19. TO ONE OF PEATH (Entry only one cause per line for (n), (b), and (c). 10. TO ONE OF PEATH (Entry only one cause per line for (n), (b), and (c). 11. INFORMANT 12. 2-2 113 1-0 10	4 0	-			1	5. SEX 6. COLOR OR RACE 7. Married Never Married 8. DATE	OF BIRTH 9. AGE (last birthday) IF UNDER 1 YEAR IF UNDER 24 HR
10	5				ı	Male White Widowed Divorced 1 3/3/	1963 Months Days Hours Min.
13a, FATTERS NAME				11	- 1		
John Baward Ballard 15. WAS DECASED EVER IN U.S. ARMED FORCES? 95/7/X 10 11 10 11 12 22 11 12 24 11 12 25 11 12 26 11 12 27 18 28 29 20 20 20 20 20 20 20 20 20	6	<u>ا ا</u>	Ì	· -	ł	during most of working life, even if retired) Mi.	lan, Mo. USA
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 95/7/X 10 10 10 11 12 2-2 95/17 10 11 12 12 13 1-0 14 15 16 17 18 18 19 19 19 19 19 19 10 10 10 10	7 0	<u> </u>			- [12:	
10 10 10 10 10 10 10 10		፬			1	Julia 200220 - 42-22-2	·
Solution		2			1	A	,
PART I. DEATH WAS CAUSE BY: DUE-TO (b) DUE-TO (c) Tachbuttory Surjust DUE-TO (c) DUE-TO (c) Tachbuttory Surjust DUE-TO (c) DEATH but not related to the terminal PART III. If deceased was female was deceased disease condition given. In PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal PART III. If deceased was female was deceased was female was pregnancy in later to depart DUE-TO (c) Tachbuttory Surjust DUE-TO (c)		- I 1		11	1.	Ne Jonn	
Indicate a conditions if any, which gave rise to show a cause (a), stering the understand (b), which gave rise to show a cause (a), stering the understand (b), stering the understand (b), stering the understand (c), stering		₹			z	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and,(c). PART I. DEATH WAS CAUSED BY:	
Conditions, if any, which gave rise to show cause lest. 13 1 - 0	- 14	된니			ξ	IMMEDIATE CAUSE (a) Respuston failur	d 3.0 run
which gave rise (a), stering the under-lying cause (a), stering the under-lying cause leat. DUE TO (c)		וםונ			<u>۲</u>	1. A Total and the	2/
Source cause (a). Section Secti	127.7	- 12			ĭ		Lus.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal diseased was female was there a pregnancy in last 90 days. STATE 10 19 WAS AUTOPSY 20a. ACCIDENT SUICIDE DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in PART II or PART II of item 18.)				11		above cause (a), }	in it
SC WAS AUTOPSY 20a. ACCIDENT SUICIDE DMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in PART I or PART II of item 18.) Yes No Unknown Yes	13 / - 0		-	╅═╽	1	lying cause last. DUE-TO (c) / Karnerstown	prot
AND		5		ľ		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not disease condition given in PART I (a)	related to the terminal PART; III. If deceased was female was there a pregnancy in last 90 days.—
19. WAS AUTOPSY PERFORMED? 20c. TIME OF Hour Month, Day, Year INJURY OCCURRED. 20d. INJURY OCCURRED A.M. Death occurred at 12:3 a.p.m. m on the date stated above, and to the best of my knowledge, from the causes stated. 21. I attended the deceased from 3/0/6 3 no the date stated above, and to the best of my knowledge, from the causes stated. 22c. SIGNATURE 22a. SIGNATURE 22a. SIGNATURE 22a. SIGNATURE 22a. SIGNATURE 22b. ADDRESS 22a. BURIAL, CREMATION, REMOVAL (Specify) BUTIAL 23a. BURIAL, CREMATION, REMOVAL (Specify) BUTIAL 23d. MAR. Of CEMETERY OR CREMATORY BUTIAL 24d. SUNFRAL DIRECTOR 1 ADDRESS 25. DATE RECD. BY LOCAL REG. 25. DATE RECD. BY LOCAL REG. 26d. REGISTRAR'S SIGNATURE 25d. AUMERAL DIRECTOR 1 ADDRESS 25d. DATE RECD. BY LOCAL REG. 26d. CULTRED 10. WAS AUTOPSY PERFORMED? 20d. INJURY OCCURRED. (Enter nature of Injury in PART I or PART II of item 18.) 27d. INJURY occurred of Injury in PART I or PART II of item 18.) 27d. INJURY OCCURRED. (Enter nature of Injury in PART I or PART II of item 18.) 27d. INJURY OCCURRED. (Injury in PART I or PART II of item 18.) 27d. INJURY OCCURRED. (Injury in PART I or PART II of item 18.) 27d. INJURY OCCURRED. (Injury in PART I or PART II of item 18.) 27d. INJURY OCCURRED. (Injury in PART I or PART II of item 18.) 27d. INJURY OCCURRED. (Injury in PART I or PART II of item 18.) 27d. INJURY OCCURRED. (Injury in PART I or PART II of item 18.) 27d. INJURY OCCURRED. (Injury in PART I or PART II of item 18.) 27d. INJURY OCCURRED. (Injury in PART I or PART II of item 18.) 27d. INJURY OCCURRED. (Injury in PART I or PART II of item 18.) 27d. INJURY OCCURRED. (Injury in PART I or PART II of item 18.) 27d. INJURY OCCURRED. (Injury in PART I or PART II of item 18.) 27d. INJURY OCCURRED. (Injury in PART I or PART II of item 18.) 27d. INJURY OCCURRED. (Injury in PART I or PART II of item 18.) 27d. INJURY OCCURRED. (Injury in PART I or PART II of item 18.) 27d. INJURY OCCURRED. (Injury in PART I or PART II or PART II or PART II or PART II or PART	ļ	2				$\overline{\mathbf{x}}$	☐ Yes ☐ No ☐ Unknown
20d. INJURY OCCURRED WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bidg., etc.) 21. I stlended the deceased from 3/10/6 3 , to 4/10/C 3 and last saw him alive on 4/10/C 3 Death occurred et 22: 300 m m on the date stated above, end to the best of my knowledge, from the causes stated. 22a. SIGNATURE 22b. ADDRESS 22c. DATE SIGNED 22c. DATE SIGNED 22c. NAME OF CEMETERY OR CREMATORY Burial 4/18/1963 Mt. Olivet Cemetery Green City, Mo. 24fure County STATE 25c. DATE RECD. BY LOCAL REG. 26c. REGISTRAR'S SIGNATURE 27c. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bidg., etc.) 27c. LI stlended the deceased from 3/10/6 3	ļ				1	19. WAS AUTOPSY 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY O	OCCURRED. (Enter nature of Injury in PART I or PART II of item 18.)
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REMOVAL (Specify) Burial 4/18/1963 Mt. Olivet Cemetery Green City, Mo. 24. FUNERAL DIRECTOR BURIAL DIRECTOR ADDRESS 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE Blense E Kenth Son Luculty, Mo. Charles Company C	-				⋛┃	23a, BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY	Ed. LOCATION (City, town; or county) (State)
E Blenn E Kent I Son, Green City, Mr. april 20, 1963 Down W. Gatliff		ō.			₽Ì	REMOVAL (Specify)	Green City, Mo.
= @ Sleng & Blat & Son, Bellew City, Mo. Word 20, 1965 (oris W.) ally					Ŧ.		
(Licensed Embalmer's Statement on Reverse Side)	}	<u> </u>			፳	Glenn F Ken Tolan Green City Mrs. april 2	0.1963 Nava W. Katleff
	ι	' '	'	1 t	•	(Licensed Embalmer's Statement on Rev	verse Side)

NELSON D. King, DO

STATEMENT, BY LICENSED EMBALMER

oy	, Student Embalmer No
king under my personal supervision.	4/004/4
entSignature of Student Embalmer	_ Signed Cast T. Tylent
Capital of Student Elibernet	Licensed Embalmer No. 4489
r	P. O. Address Area City 1

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply

with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above: